

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-08539

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-1400-3

7. Lease Name or Unit Agreement Name

EAST VACUUM GB/SA UNIT
TRACT 3315

8. Well No.

003

9. Pool name or Wildcat

VACUUM GB/SA

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Phillips Petroleum Company

3. Address of Operator

4001 Penbrook Street, Odessa, TX 79762

4. Well Location

Unit Letter 0 : 990 Feet From The SOUTH Line and 1980 Feet From The EAST Line

Section

33

Township

17S

Range

35E

NMPM

LEA

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3940' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☒

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

10/18/94 MIRU, NU BOP, POOH W/TUBING.

10/19/94 GIH W/ CIGR ON 2-3/8" TBG & SET 04144'. SQZD W/75 SX OF CLASS C CMT. LEFT 20 SX OF CMT ON TOP OF CIGR 04144', TOC 03855'. PLUG #2 SPOT 25 SX OF CLASS C CMT F/2540' T/2901'. PERF 4-1/2" CSG 01625'.

10/20/94 SQZ W/50 SX CLASS C CMT W/5 SX ON TOP OF CIGR. CMT F/1625' T/1428'. PERF 4.5" CSG 0340'. SQZ 65 SX CLASS C CMT F/SURF T/340'. CUT OFF CSG HEAD AND WELD CAP W/VALVE AND MONUMENT MARKER.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

L.M. Sanders

TITLE SUPERVISOR, REG. AFFAIRS

DATE 11/01/94

TYPE OR PRINT NAME L. M. SANDERS

TELEPHONE NO. 915/368-1488

(This space for State Use)

APPROVED BY

Lyle F. Turnaciff

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: